

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33383

State File No.

FILED NOV 5 1948

Registration District No. 164

Primary Registration District No. 5597

Registrar's No. 115

1. PLACE OF DEATH:

(a) County... Johnson
(b) City or town... Centerville Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Rfd. 1 A Warrensburg Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution... No (Specify whether)
In this community... Life
years, months or days)

3. (a) PRINT FULL NAME William Loy Stump

3. (b) If veteran, name war... World War I 3. (c) Social Security No. 466-26-0367

4. Sex... Male 5. Color or race... White 6. (a) Single, widowed, married, divorced... Married
6. (b) Name of husband or wife... Georgia Ann Stump 6. (c) Age of husband or wife if alive... 51 years
7. Birth date of deceased... Jan 14 1895
(Month) (Day) (Year)

8. AGE: Years... 53 Months... 8 Days... 4 If less than one day
hr. min.

9. Birthplace... Johnson Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation... Farmer

11. Industry or business...

12. Name... E.O. Stump
13. Birthplace... Ohio
(City, town, or county) (State or foreign country)
14. Maiden name... Katie Williams
15. Birthplace... Johnson Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant... Mrs. Georgia A Stump
(b) Address... Rt. 1 A Warrensburg Mo.

17. (a) Burial (b) Date thereof... 9.20-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... Sunset Hill

18. (a) Signature of funeral director... Sweeney Phillips

(b) Address... Warrensburg Mo.

19. (a) Oct. 21, 1948 (b) Sweeney Phillips
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Johnson
(c) City or town... Centerville Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Rfd 1A Warrensburg
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country...

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... Oct. day... 18
year... 1948 hour... 4 minute... 45 A. M.

21. I hereby certify that I attended the deceased from... Oct 18
... 1948 to... Oct 19 ... 1948
that I last saw him alive on... Oct 18
and that death occurred on the date and hour stated above.

Immediate cause of death... Coronary occlusion Duration... 12 hours

Due to...
Due to...

Other conditions...
(Include pregnancy within 3 months of death)

Major findings:
Of operations...
Of autopsy...
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ...
(b) Date of occurrence ...
(c) Where did injury occur? ...
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? ... (Specify type of place) (e) Means of injury ...

23. Signature... Reed (M. H. Dyer)
Address... Warrensburg Mo. Date signed... 10-21-48

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOV 5 1948

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Registered Apprentice No. _____, working under my personal supervision.

Signed

J. Earl Priest

Licensed Embalmer No. *3878*

P. O. Address *Warrensburg Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

*-12- If this body is not embalmed, fact should be so stated above.